

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445291	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 11/27/2012
NAME OF PROVIDER OR SUPPLIER ERWIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 STALLING LANE ERWIN, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 130} SS=E	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observation review, the facility failed to assure fire doors were maintained (NFPA 101, 8.3.3 and NFPA 80) and failed to correct this deficiency by the date specified on the Plan of Correction (POC) submitted.</p> <p>The findings include: Observation with the Maintenance Director, on November 27, 2012 at 7:30 a.m. confirmed the fire door by rooms 122 failed to latch. Its panic hardware and latching mechanisms were removed. The plan of correction from the survey conducted on October 16, 2012 stated this would be corrected by 11/16/2012. This finding was verified by the Maintenance on November 27, 2012.</p>	{K 130}	<p>The panic hardware and the latching mechanisms by Rm 122 and the Smoking Room were received on November 27 and installed on November 28, 2012. The reason the hardware was not installed on the original date was the vendor "backordered" the material. The doors now work properly and meets the NFPA 101, 8.3.3 and NFPA 80 Life Safety Code Standards.</p> <p>The Administrator verified the finding which corrected the deficiency.</p>	11/28/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tony L. Lashley *Administrator* *12/5/12*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.